Mental Welfare Commission for Scotland

Report on announced visit to: Netherton Unit, 19 Blackwood Street, Glasgow G13 1AL

Date of visit: 3 November 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's route map (May 2020). There have been periods during the pandemic where we have been able to conduct our face-to-face visits; however, the reinstatement of lockdown required us to review this so many visits have been undertaken virtually. This local visit was able to be carried out face-to-face.

The Netherton Unit is a seven-bedded NHS facility accommodating patients with learning disabilities and additional complex needs who require a longer period of treatment and care. At the time of the visit there were six male patients.

As early as 2014, NHS Greater Glasgow and Clyde published a "Strategy for the Future" which recommended that the NHS should not be a long-term provider and that people should be supported to live independent lives out with hospital settings wherever possible. It was recognised at the time that this strategic direction was in keeping with national policy for people with a diagnosis of learning disability. Within Glasgow, the Netherton Unit and Waterloo Close, both of whom had hospital status, were earmarked for a resettlement and re-provisioning process which would ultimately result in the closure of both of these facilities.

Waterloo Close closed in August 2017 but the Netherton Unit remains operational, currently accommodating six men. The Netherton Unit is a two-storey building with four bedrooms on the ground floor and three on the upper floor. On the ground floor there is one large lounge area, a large kitchen with dining space and a laundry room that patients can use. The upper floor has two smaller lounge areas, a large kitchen diner and a laundry room for patient use along with two staff offices. We last visited this service on 2 December 2019. We made no recommendations.

On the day of this visit we wanted to hear how patients had coped during the Covid-19 restrictions as well as hearing if there had been any progress in relation to the proposed closure of the unit.

Who we met with

We met with and/or reviewed the care and treatment of all six patients.

We spoke with the service manager, the senior charge nurse, both charge nurses, the consultant psychiatrist for the unit, and two advocacy workers.

Commission visitors

Margo Fyfe, Senior Manager (Practitioners) West Team

Yvonne Bennett, Social Work Practitioner

What people told us and what we found

Care, treatment, support and participation

Covid-19 restrictions

We heard that the patients had coped well during the restrictions that had been put in place because of the Covid-19 pandemic. Although many of the external activities had been restricted, staff had ensured that the internal activities and routines for each of the patients had continued. As soon as they were able to local walks and visits to local shops resumed.

There is a summer house, provided by the health board which has been erected in the garden that patients and visitors have been able to use and enjoy throughout the restrictions. We heard that the art therapist also used this space with patients to ensure that service was still available to the patients. iPads were also provided for patient use to assist with keeping in touch with family during the restrictions which patients made use of.

Care files

We found care files contained details of physical health checks as well as mental health care. There were detailed pen pictures of the patients in the care files. The files also held information from assessments completed by each discipline involved in each individual's care and treatment. Some of the assessments were several years' old and we suggested that it would be useful to archive these reports to lessen the bulk of the working care file. We also suggested where appropriate, assessments that were several years old be updated by the specific discipline to ensure they are relevant to the individual's current situation and presentation.

Multidisciplinary team

As at the time of our last visit we saw involvement of the wider multidisciplinary team (MDT) in each patient's care, including dietician, speech and language therapy, occupational therapy, psychology, and pharmacy. We heard that the MDT meets weekly with discussions about individual patients taking place fortnightly. Families where there are families are included in meetings and involved as they and the patients wish in care decisions. We saw comprehensive information from pharmacy in the medicine prescription folders detailing information regarding medications and high dose monitoring.

Care plans

The nursing care plan we viewed were detailed and clear. There was evidence of patient involvement, and management plans for each care plan were regularly reviewed. There was clear evidence of attention to both mental and physical health care needs. However, we found that the reviews of the care plans held no detail in regard to how the patient had presented since the last review, nor was there any information on how the care plan was working for the patient. We discussed this with the charge nurses and recommended work be done to rectify this issue and ensure clear reviews that include patient progress to the benefit of the patients.

We found the positive behaviour care plans to be clear and of benefit to patients.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:
https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:

Managers should audit the review process and documenting of care plan reviews to ensure they contain appropriate information detailing progress since last review.

Use of mental health and incapacity legislation

We viewed all patient documentation and found Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') paperwork easy to access and to be up-to-date.

All Mental Health Act consent to treatment forms were in place and current as were specified person forms where needed. These forms are needed when an individual has restrictions placed on them in relation to safety and security, receiving post and the use of telephones under the Mental Health Act.

We found each patient had a consent to treatment form under the Adults with Incapacity (Scotland) Act 2000 along with appropriate treatment plans.

Where patients were having time away from the unit, pass plans were in place and easily located.

Rights and restrictions

The Netherton Unit operates a locked door entry system commensurate with the needs of the patients. There is a locked door policy in place. The internal doors between Units A and B are routinely unlocked, allowing staff and patients access to both units.

Four patients were subject to further restrictions as specified persons and these were detailed within attached reasoned opinions within patient records.

Advocacy services are routinely involved with patients within the unit both on an individual basis and as a support to the bi-monthly community meeting.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment. This can be found at:
https://www.mwcscot.org.uk/law-and-rights/rights-mind

Activity and occupation

It was good to see that each patient had an activity planner in their care folders. The activities were clearly there for each individual and focussed on both internal and external activity. We are aware some external activity had been on hold during the pandemic such as outings out with the local area which the patients enjoy. We heard these are beginning to start up again and look forward to seeing more of these in records and hearing about them when we next visit.

The physical environment

As noted at our last visit, the Netherton Unit is a two-storey building situated in a residential area in the north of Glasgow. It stands in its own grounds and accommodates up to seven patients in en-suite single rooms. The upper floor is accessed by stairs only and this limits its use to patients who are fully mobile and able to negotiate the stairs.

There are shared lounge/kitchen and laundry facilities on each floor and small office spaces available.

Patients' rooms are furnished and personalised to their own preferences and offer a homely private space.

There is a small garden space which is well maintained and patients can access.

Any other comments

All care and household tasks in the unit are carried out by nursing staff. Where able, patients will help with some of these tasks; however, at present, the patient group are not as able to do so. In the past when the patient group had been more able to participate in household tasks this was part of their activity and rehabilitation plans.

We heard about and saw the good work lead by the two band six charge nurses in mentoring new band five staff nurses and devising the care plans and ensuring activities are available to the patient group along with mastering all technical records work for the unit. We saw good interactions between staff and patients and were clear that the staff know their patients well and support them with care and compassion.

As we mentioned in our last report, the Netherton Unit is identified for closure although there is a lack of clarity about what the alternative will be. We heard that there is a plan for the health and social care partnership (HSCP) responsible for most of the patients to commission a bespoke service or re-provision of the use of the current building and service from an NHS hospital service to a registered supported accommodation service. Consequently, patients, staff and families are working with a high degree of uncertainty and it is difficult to maintain a momentum in preparing patients for this with a lack of timescale or plan.

The complex nature of patients' needs within the unit would suggest that detailed planning will be required to promote readiness for this significant life change for adults who rely on routine and predictability and this is difficult to manage and plan for.

We will write to the HSCP concerned seeking further updates on progress with the commissioning process.

A number of the patients supported within the unit have experienced numerous moves and breakdowns of community services and we heard that for some, this is the most settled they have been throughout their lives.

The building is situated within a residential area, is not part of a hospital site, and might well offer a solution for patients and the HSCP alike. We have again agreed to enquire about the feasibility of this suggestion.

Summary of recommendations

1. Managers should audit the review process and documenting of care plan reviews to ensure they contain appropriate information that benefits the individual patient detailing their progress since last review.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

SUZANNE MCGUINNESS
Executive Director (Social Work)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.
The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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